

<b>Case Number:</b>	CM13-0062012		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	04/05/2005
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 45-year-old female with date of injury of 04/05/2005. The listed diagnoses dated 11/04/2013 are: Cervical radiculopathy, Lumbar radiculopathy, Status post lumbar fusion, Chronic pain and Status post cervical disectomy. According to the report, the patient complains of neck pain that radiates to the bilateral upper extremities. The patient also complains of low back pain that radiates to the bilateral lower extremities. She also reports difficulty sleeping. Her current medications include: Ambien, tramadol, and Soma. The physical examination shows the patient is alert and oriented, in moderate distress. There is noted spasm and tenderness along the bilateral trapezius muscles. The utilization review denied the request on 11/19/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**ZOLPIDEM 10 MG AT BEDTIME #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Two Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG Guideline Have The Following Regarding Ambien For Insomnia.

**Decision rationale:** This patient presents with neck, low back, bilateral upper extremity, and bilateral lower extremity pain. The treater is requesting zolpidem 10 mg. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines for zolpidem states that it is indicated for short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. Records show that the patient has been prescribed zolpidem since 11/04/2013. In this case, ODG does not support the long-term use of this medication. Recommendation is for denial.